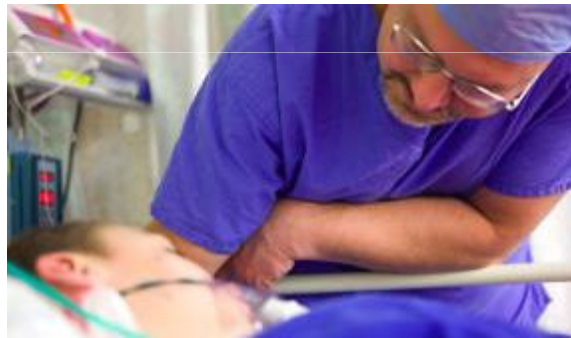


# Primary Care Commissioning

## Quality & Safety in Primary Care

### London Region



February 2014



## Contracts & Value

**Medical**

**1516 contracts**

**Value £ 1.063b**

1322 Registered GP providers with CQC  
(including out of Hours services)

## Background

- GPs are independent contractors, not employees of the NHS
- They must be included in the Performers' List and registered with the CQC to deliver services
- Performer List Regulations set out a regulatory framework for applying conditions to a GP's inclusion or continued inclusion
- NHSE decisions about inclusion or removal can be appealed via the First Tier Tribunal
- Important to differentiate practice Vs individual, but these can be blurred
- In order to be registered practices need to put in an application to the CQC for all regulated activity. The application has to prove the organisation is meeting specific standards.

## Managing GP Performance

There will continue to be two aspects of **performance management** in primary care for which NHS England is responsible:

- Contractual – managed by the Head of Primary Care
- Individual Performer – managed by the Medical Director.

The two will often overlap and so close working relationships are essential.

CCGs are responsible for **improvement** of clinical quality of primary care with NHS England and the Area Team will hold CCGs to account for delivery of this function.

The lines between performance management and improvement are fluid and NHSE and CCGs need to work closely together to ensure a fair and consistent approach is applied.

## How do we identify poor performance?

Although the new structure means we have lost our close relationship with practices we continue to make use of a range of information from different sources to inform our understanding of performance:

- National, London and local data to inform, compare and challenge
- Local intelligence from peers, other contractors/performers, CCG colleagues are key
- Information from Regulators, Regulatory Bodies and other statutory/non statutory organisations (e.g. CQC and GMC)
- Information from complaints, other providers, surveys, press/TV
- Direct patient feedback
- Whistleblowers
- Commissioned reviews

We take initial concerns to the Performance Screening Group (PSG) and consider outcomes and possible sanctions via a performance “Decision Making Group” (DMG)

## New national arrangements being developed ...

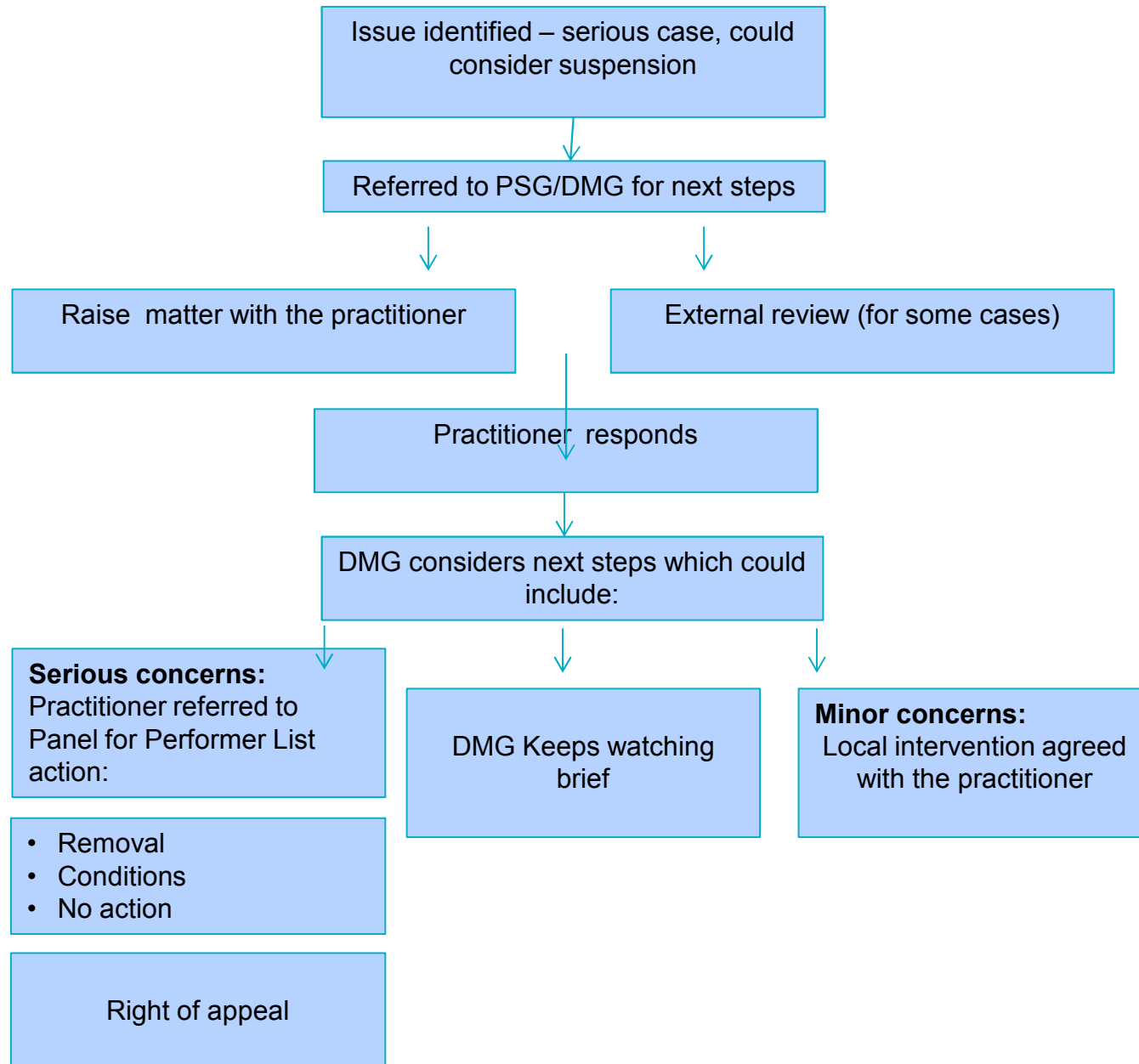
### **Contractual –**

- The range of national standards practices will be expected to meet
- The weighting/tolerances/triggers etc. to be applied
- The national process for handling poor contractual performance

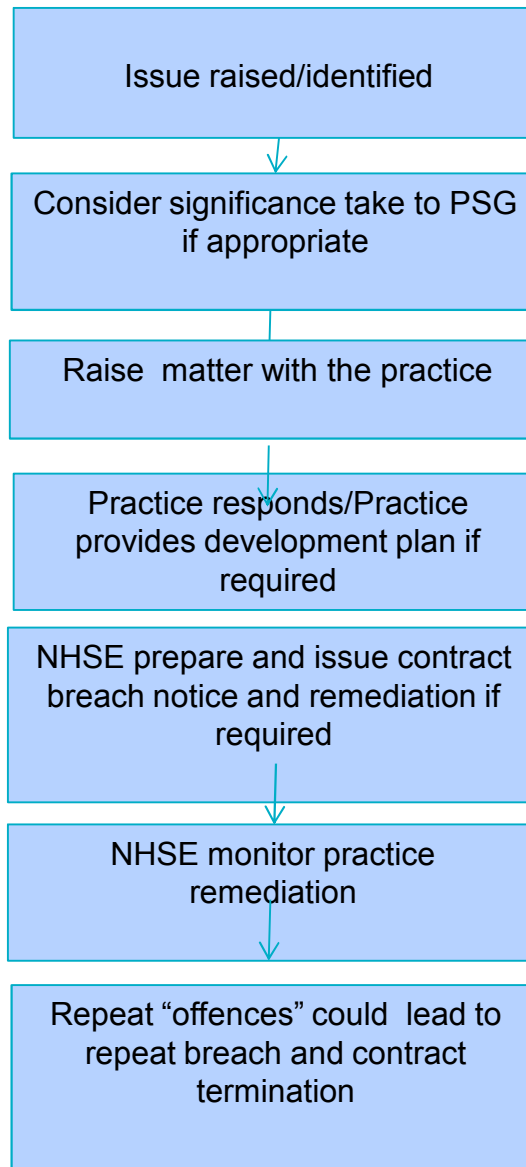
### **Individual performer –**

- The new National Performer List and associated regulations
- The national process for handling poor individual performance, including arrangements for Panel consideration etc.
- Appraisal & Revalidation

# Individual Performance



## Contractual or Practice matter





# CQC

- CQC monitor, inspect and regulate services to make sure they meet fundamental standards of quality and safety and we publish what we find, including performance ratings to help people choose care
- There are three types of inspections – Scheduled, Responsive, Themed
- Referral to CQC via several routes – NCSC, website, LA, NHS services or in person by service users, relatives or staff.
- Regular programme of engagement with NHS England, CCG's, Healthwatch, Local Authorities and providers forums.
- Re-inspect services not meeting standards and take proportionate enforcement action against those accountable.

## Changes between old and new systems

- Processes essentially the same
- Different teams operating them
- More defined split between performer and contract
- New relationships required between NHSE and LAs, CCGs and Public Health England so that concerns they have in their commissioning of primary care services can be shared and locked into NHSE processes
- CQC Inspection has become a key source
- Liaison meetings to pull together intelligence across all factors. (Mini risk summit) in three areas

## The Revalidation of London's GPs

- Revalidation is the process by which the General Medical Council (GMC) confirms the continuation of a doctor's license to practice. It provides assurance that a doctor is both up to date and fit to practice. All Doctors are to be revalidated April 2016. Each Area Team's Medical Director is the Responsible Officer, RO, for GP Revalidation. They are responsible over the next 3 years for making sure all GPs are ready for Revalidation. It's the RO who makes the recommendation but GMC who decides whether a GP should be Revalidated or not. Not being revalidated means the GP loses their licence to practice. Being properly appraised is a key part of showing that a GP can be ready for Revalidation.
- Each team has a process for managing revalidation recommendations in its area. Where there are concerns about a GP's performance that arise from the Revalidation process then these cases are taken to PSG for consideration.
- In the first year of revalidation, 2013-14, the area teams must make revalidation recommendation for at least 20% of their GPs. In the following two years they will need to make recommendations for the remaining 80%. See <http://www.england.nhs.uk/ourwork/qual-clin-lead/revalidation>

## GP Appraisal in London

- Each Area Medical Team is responsible for managing the GP appraisal system within its part of London. Having an annual appraisal is a requirement of both the Performers List Regulations and the GP contracts. It's also an essential part of Revalidation.
- Appraisal provides a GP with the opportunity to reflect on their practice, agree a personal development plan and ensure they are up to date with all their mandatory training.
- Appraisals are conducted by an experienced GP employed by NHS England.
- In 2012/13, over 95% of London's GPs were appraised and we can account for the 5% who were not appraised.
- For the NHS England Appraisal Policy see <http://www.england.nhs.uk/wp-content/uploads/2013/03/medical-app-policy.pdf>